

Division of Aging and Adult Services

Nursing Home Placement Prevention Program (Aging Waiver)

Pilot - Improved Diversion Through Hospital Discharge Planners

Legislative Research asked the Division to develop a proposal regarding cost-effective long-term care. Utah has a well-established spectrum of long-term care services, including nationally recognized diversion and deinstitutionalization programs. This proposal is intended to improve nursing home diversion for a limited number of Medicaid-eligible seniors who can safely be served in their own homes.

The Purpose of the Nursing Home Placement Prevention Program (Aging Waiver)

This program keeps seniors in their homes who otherwise would have to go into a nursing home due to medical issues. It honors the role of family, community and other informal caregivers by utilizing those supports. To qualify, seniors must have their own homes, be carefully assessed, and meet skilled nursing level of care. The Aging Waiver provides the minimum services required to keep a senior safe at home. Its costs are significantly lower per person than skilled nursing placement.

Description of the Pilot

It is our belief that some seniors who are Medicaid-eligible and who meet skilled nursing level of care are placed in a skilled nursing facility rather than on the Aging Waiver because the hospital discharge planner working with the senior either did not know about the waiver or found that a slot was not readily available. The pilot would eliminate these barriers in two ways: first, the Division would select three hospitals, one from each of the major hospital chains, to receive on-going training and coordination (especially important if there is employee turnover among discharge planners); second, we would dedicate a certain number of additional open slots to the hospital so that the discharge planner could immediately move a presumably eligible person to the waiver. It is important to note that dedicating a certain number of open slots will require federal approval.

Potential Cost of the Pilot

For the pilot to be effective, the Division would need a small amount of funding for on-going training and coordination (\$10,000), funding for additional open slots, and funding to cover the potential costs of a senior who was presumed to be Medicaid-eligible at the time of placement, but who turns out to not be eligible (\$20,000). The following chart summarizes the costs (in 2007) and potential savings per client:

Number of Slots	General Fund Cost per Slot	Federal Funds Cost per Slot	TOTAL Pilot Costs	Nursing Home General Fund	Nursing Home Federal Funds	TOTAL Skilled Nursing Costs
1 slot per hospital per month	\$2958.09 X 36 slots = \$106,491	\$6998.46 X 36 slots = \$251,944	\$358,435 (plus \$30,000)	\$11,753.39 X 36 slots = \$423,122	\$27,806.99 X 36 slots = \$1,001,051	\$1,424,173
2 slots per hospital per month	\$2958.09 X 72 slots = \$212,982	\$6998.46 X 72 slots = \$503,889	\$716,871 (plus \$30,000)	\$11,753.39 X 72 slots = \$846,244	\$27,806.99 X 72 slots = \$2,002,103	\$2,848,347
3 slots per hospital per month	\$2958.09 X 108 slots = \$319,473	\$6998.46 X 108 slots = \$755,833	\$1,075,306 (plus \$30,000)	\$11,753.39 X 108 slots = \$1,269,366	\$27,806.99 X 108 slots = \$3,003,154	\$4,272,520

